

# TI-NGO Details

<b>Name of NGO</b>	<b>SAWERA</b>
<b>District</b>	<b>MOGA</b>
<b>Month &amp; Year of Project Initiation</b>	<b>January 2021</b>
<b>Evaluation Time Frame</b>	<b>October 2021 to September 2023</b>
<b>Target Group</b>	<b>LWS (IDU, FSW, Trucker, Migrant)</b>
<b>Target &amp; Achievement</b>	<b>Target- 2200, Coverage- 1866</b>
<b>Date of Visit</b>	<b>10 – 13 December 2023</b>

# Achievement of Scores

Particulars	Percent of Marks	Status-qualified/not qualified
Organisation Capacity	80.00	Qualified
Finance	91.70	Qualified
Overall Rating based on program delivery scores		
Total Scores obtained (in %)	89.80	
Category	A	
Rating	Very Good	
Recommendation by Evaluators' Team	Recommended for Continuation	

# Major Observation in Program Delivery

## **Strength & Weakness:**

**Strength-** coordination with PLHA network, stigma reduction, IEC material, etc.

**Weakness-** Community involvement, Correct information about STI, HIV to HRGs and cluster link workers.

**Unavailability of new N/S for IDU for their injecting episodes.**

**Supervision of CLW**

## **Scope of work**

**All Cluster link workers to attend Village Health Nutrition Day meetings as desired**

**Program Management Committee to be formed with involvement of community as members**

**Community members must be updated with correct information about HIV, STI, condom usage and other related components etc.**

**All Cluster link workers must be able to do correct condom demonstration and have correct knowledge about all components of prevention program**

**Persons who inject drugs must be updated about usage of new needle, syringe at all injecting episodes. They must be made aware of places where they can get new N/S as and when required**

**Supervision of Cluster link worker and hand holding support**

# Major Observation in Organisation Capacity

## **Strength & Weakness**

### **Strength-**

**One ZS change in last one year, other staff are same.**

**One CLW has been promoted to ZS**

### **Weakness-**

**Changes in CLW**

## **Scope of work**

**Training is done every month in review meeting on 10-15 topics. May be 1 or 2 topics taken and indepth discussion and training conducted. This will be important for concept clarity and capacity building for CLW**

# Major Observation in Finance

## **Strength & Weakness:**

**All the expenditure are under budget approved**

## **Scope of work**

# Best Practices/Success Stories (if any)

<b>1</b>	<b>Use of waste material in making the office lively and environment friendly by planting trees in toilet seat, refined oil cane, tiers, unused dustbin, waste music speaker, mixer jug, etc.</b>
<b>2</b>	<b>Skill Development 9 days training program for 25 25 needed females including the community ladies through Usha Sewing machine program.</b>
<b>3</b>	<b>Cloth donation drive, small library</b>

## **Reporting Format-B**

### **Structure of the Detailed Reporting format**

(To be submitted by Evaluators to SACS for each TI evaluated with a copy NACO)

#### **Introduction**

- o Name and address of the Organization  
SAWERA  
Registered Address: 241-E, Gali. No. 4, Bhalla Colony, Chheharta, Amritsar, Punjab.  
LWS Address: H.No. 644, Ward No. 8, Gurudwara Baba Kishan Singh ji Back side, Nanak Nagri, Moga, Punjab.
  
- o Background of Project (year of starting, contracted population, ever registered, current active, no. of approved staff vs. no. of staff on board etc.)

Year and month of LWS Project initiation: January 2021

Contracted population- To cover 100 villages in Moga

Ever Registered (cumulative):

IDU- 1078

FSW- 578

MSM- 8

TG- 2

Trucker- 522

Migrant- 199

TB- 9

ANC- 342

OVP- 1470

PLHIV- 131

Current Active (September 2023):

IDU- 844

FSW- 467

MSM- 3

TG- 0

Trucker- 402

Migrant- 153

TB- 7

ANC- 25  
OVP- 1184  
PLHIV- 115

Number of approved staff:

Core team- 4  
Cluster Link Worker- 20

Number of staff on board:

Core team- 4  
Cluster Link Worker- 20

- o Chief Functionary  
Mrs. Kulbir Kaur
- o Year of establishment  
2006
- o Year and month of project initiation  
January 2021
- o Evaluation team  
Dr Biresh Pachisia, PhD  
Ms. Manpinder Kaur  
Ms. Heena Singhal
- o Evaluation Timeframe  
11<sup>th</sup> December 2023 to 13<sup>th</sup> December 2023

#### Profile of TI

(Information to be captured)

- o Target Population Profile: FSW, MSM, IDU, Truckers and Migrants
- o Type of Project:  
Link Worker Scheme (LWS)
- o Size of Target Group(s)  
IDU- 1000  
FSW- 500  
Trucker- 400



Migrant- 300

- o Sub-Groups and their Size  
NA
- o Target Area  
100 villages of Moga district

## Key Findings and recommendations on Various Project Components

### I. Organizational support to the program

The team discussed with the Project director, Mrs. Parminder Kaur. She was found to be active at the supervisory level. The team could not meet any other governing body members. The project director was found to be involved in support to the community.

### II. Organizational Capacity

1. Human resources: Staffing pattern, reporting and supervision structure and adherence to the structure, staff role and commitment to the project, perspective of the office bearers towards the community and staff turnover

All staff positions are in place. The LWS project has 1 DRP – program, 1 M&E assistant, 2 zonal supervisors, and 20 Cluster link workers. During the time of Evaluation all staff including all CLW were present for interaction. Commitment of all staff was found to be positive towards the program and the community. One core team staff turnover was witnessed in last one year.

2. Capacity building: nature of training conducted, contents and quality of training materials used, documentation of training, impact assessment if any.

Induction training has been conducted but not documented in the training register. The monthly meeting day has been shown in the training register as training to all core staff and cluster link worker by the Project director and the DRP. No detailed report was available of any training conducted. Impact of the training to DRP was satisfactory but not as per records

maintained as training to all of them every month on all components.

3. Infrastructure of the organization

The office was found to be assessable for all. The office has two rooms, one for DRP, M&E and the other one for Zonal supervisors and Cluster link workers. There are washrooms, kitchen and open space in the office. was found the spacious for all activities including meetings of Cluster Link Workers.

4. Documentation and Reporting: Mechanism and adherence to SACS protocols, availability of documents, mechanism of review and action taken if any, timeliness of reporting and feedback mechanism, dissemination and sharing of the reports and documents for technical inputs if any.

Adherence to SACS protocols was done. Documents are available but detailed reports of meetings, activities, trainings are not made and not available. Review meetings are done and actions suggested to staff. Zonal Supervisor maintains daily dairy, monthly report, condom stock, HIV kit stock, and Attendance sheet of Cluster link worker.

Cluster link worker maintains local village meetings, link work dairy and daily dairy.

III. Program Deliverable

1. Line listing of the HRG by category.

Line listing is available and used.

2. Shadow line list of HRGs by category.

NA

3. Registration of migrants from 3 service sources i.e. STI clinics, DIC and Counseling.

NA

4. Registration of truckers from 2 service sources i.e. STI clinics and counseling.

NA

5. Micro planning in place and the same is translated in field and

documented.

Micro plan is in place and same is reflected in field.

6. Differentiated Service Delivery planning in place and the same is reflected in documentation.

No

7. Coverage of target population (sub-group wise): Target / regular contacts only in core group

Current Active (September 2023):

IDU- 844

FSW- 467

MSM- 3

TG- 0

Trucker- 402

Migrant- 153

TB- 7

ANC- 25

OVP- 1184

PLHIV- 115

8. Outreach planning – Secondary distribution of Needles and Syringes

NA

9. Outreach planning – Peer Navigation

NA

10. Outreach planning – Reaching out to HRGs who are uncovered/hard to reach/hidden with services including CBS and health camp.

NA

11. Outreach planning – Increasing new and young HRGs registration through strengthened outreach approach model

NA

12. Outreach planning – quality, documentation and reflection in implementation

Outreach plan is in place. Many times when outreach plan was not executed as per plan, the same was not mentioned in remarks column.

13. PE: HRG ratio, PE: migrants/truckers ratio.

NA

14. Regular contacts The no. of HRGs contacted as per the Differentiated Prevention Service Delivery model – The frequency of visit and the commodities/medicine distribution such as OST, STI care, PT, RMC, condom, lubes, syringe and needles, abscess treatment, etc., should be referred with SACS.

NA

15. Documentation of the PEs & ORWs

(Zonal Supervisor and Cluster Link Worker)

Documents are available but detailed reports of meetings, activities, trainings are not made and not available. Review meetings are done and actions suggested to staff. Zonal Supervisor maintains daily dairy, monthly report, condom stock, HIV kit stock, CBT register. Registration register, local village meetings, PLHIV register, referral register, and Attendance sheet of Cluster link worker.

Cluster link worker maintains daily dairy.

16. Quality of peer education- messages, skills and reflection in the community

(Zonal Supervisor and Cluster Link Worker)

Reflection in the community was found to be not good. More improvement is needed at the level of community outreach. This was observed during field visits to Villages Daulewala, Jalalabaad East, Fatehghar and 5 FGDs were conducted altogether.

17. Supervision- mechanism, process, follow-up in action taken, etc.

Supervision mechanism was found to be satisfactory but gaps are there. DRP supervises Zonal Supervisors and Cluster link workers. Zonal Supervisor supervises cluster link workers and coordinates with stakeholders. Follow-up action needs to be strengthened.

#### IV. Services

1. Availability of STI services – mode of delivery, adequacy to the needs of

the community.

Community members with STI symptoms are being referred to civil hospital, Moga.

2. Quality of the services- infrastructure (clinic, equipment etc.), location of the clinic, availability of STI drugs and maintenance of privacy, etc.  
NA
3. In case of migrants and truckers the STI drugs are to be purchased by the target population, whether there is a system of procurement and availability of quality drugs with use of revolving funds.  
NA
4. Quality of treatment in the service provisioning- adherence to syndromic treatment protocol, follow up mechanism and adherence, referrals to ICTC, ART, DOTS centre and Community care centres.  
Referrals to ICTC, ART are being done.
5. Documentation- Availability of treatment registers, referral slips, follow up cards (as applicable- mentioned in the proposal), stock register for medicines, documents reflecting presence of system for procurement of medicines as endorsed by NACO/SACS and the supporting official documents in this regard.  
ICTC referral slip, Stock register for condoms and CBS kit are being maintained. Provision for medicines and doctor in health camp in LWS.
6. Availability of Condoms- Type of distribution channel, accessibility, adequacy, etc.  
Condoms are distributed through Cluster link workers. Condoms are supplied as per need of the community,
7. Availability and Accessibility of OST – Provision of OST through NGO/CBO / Public Health facilities / Satellite OST centres.  
NA
8. No. of condoms distributed- No. of condoms distributed through different channels/regular contacts.

(Oct 22 to Sep 23)

Condom Demand:  
Social Marketing-2600  
Free Condoms- 18800

Condoms Distribution:  
Social Marketing-1215  
Free Condoms- 12792

9. No. of Needles / Syringes distributed through outreach /DIC / Secondary distribution of Needles / Syringes outlets.

NA

10. Information on linkages for ICTC, DOT, ART, STI clinics.

<b>Name of ICTC</b>	<b>Place</b>
Civil Hospital	Moga
Community Health Centre	Bagha Purana
Community Health Centre	Nihal Singh wala
Community Health Centre	Koti se khan

<b>Name of ART</b>	<b>Place</b>
Civil Hospital	Moga

<b>Name of STI</b>	<b>Place</b>
Civil Hospital	Moga

<b>Name of OOAT</b>	<b>Place</b>
Guru Gobind Singh Medical College	Faridkot

<b>Name of DOTS</b>	<b>Place</b>
Civil Hospital	Moga

11. Referrals and follow up.

Oct 21 to Sep 22:  
ICTC referred- 298  
Tested- 298

Oct 22 to Sep 23:  
ICTC referred- 936  
Tested- 936

V. Community participation

1. Collectivization activities: No. of SHGs/Community groups/CBOs formed since inception, perspectives of these groups towards the project activities.

NO SHG or CBO initiated

2. Community participation in project activities- level and extent of participation, reflection of the same in the activities and documents

No Community member has been involved or participated in the committee.

VI. Linkages

1. Assess the linkages established with the various services providers like STI, ICTC, TB clinics, etc.

Linkages have been established with service providers. Referral slips have been given for ICTC referrals only.

2. Percentages of HRGs tested in ICTC and gap between referred and tested.

Oct 21 to Sep 22:  
ICTC referred- 298  
Tested- 298  
Gap- 0

Oct 22 to Sep 23:  
ICTC referred- 936  
Tested- 936  
Gap- 0

3. Support system developed with various stakeholders and involvement of various stakeholders in the project.

99 stakeholders and 293 volunteers have been made in various villages. They are involved to support the cluster link workers to support the community.

## VII. Financial systems and procedures

1. Systems of planning: Existence and adherence to NGO-CBO guidelines or any approved accounting principles endorsed by SACS/NACO, supporting official communication form NACO/SACS for any deviance needs to be presented.

Comment: Guidelines of NACO followed properly.

2. Systems of payments- Existence and adherence of system of payment endorsed by SACS/NACO, adherence to PFMS, availability and practice of using printed and numbered vouchers, approval systems and norms, verification of all documents related to payments, quotations, bills, vouchers, stock and issue registers, practice of settling of advances before making further payments and adherence to other general accounting principles.

Comment: All the vouchers are numbered and verified by DRP, PD and M&E. The quotation has been collected from three different parties (regarding Drugs and stationary) but there was no quotation for wall activity. This activity is being conducted by a firm at the cost of Rs 1800/activity.

The quotations were collected by Ngo in the area of development of IEC at 13.08.2022 and as per comparative quotation, selected Bittu Flex, Moga. While Bittu Flex has increased its rates, the NGO is working with them on the basis of last selection process and purchasing at new rates. It is advisable to obtained the at least three quotations for more competitive rate.

Cash book is maintained on daily basis. All the cash expenses below 2000 done by DRP and reimburse to him with salary.

3. System of procurement- Existence and adherence of systems and mechanism of procurement as endorsed by SACS/NACO, adherence of WHO-GMP practices for procurement of medicines, systems of quality checking.



Comment: In some of the case as for wall paintings, no quotations obtained from different service providers. Even no comparative found on record.

4. Systems of documentation: Availability of bank accounts (maintained jointly, reconciliation made monthly basis), audit reports

Comments: Bank accounts maintained properly and reconciliation also maintained till applicability. Further audit report of financials of year 2022-23 not produced to us. Further, Project Manager and M&E told that the organization was conducted by PSACS but no such report with observations issued.

#### VIII. Competency of the project staff

##### a) Project Manager

Educational qualification & Experience as per norm, knowledge about the proposal, Quarterly and monthly plan in place, financial management, computerization and management of data, knowledge about TI programme including TI revamped strategies, knowledge about program performance indicators, conduct review meetings and action taken based on the minutes, mentoring and field visit & advocacy initiatives etc.

Mr. Ramesh Kumar is the District Resource Person in the LWS project. He is a qualified professional social worker having qualified Masters in Social Work from Punjab University. He has earlier done B.Tech Electronics and Diploma in Electronics. He is presently working in the LWS project since its inception in January 2021.

He has knowledge about the proposal, monthly plan, financial management, knowledge about components of LWS. He conducts review meetings as per plan.

##### b) ANM/Counselor

Clarity on risk assessment and risk reduction, knowledge on basic counseling and HIV, symptoms of STIs, maintenance and updating of data and registers, field visits and initiation of linkages, clarity on risk assessment and risk reduction, symptoms of STIs, maintenance and updating of data and registers etc.

NA

##### c) ANM/Counselor in IDU TI

In addition to the other requirements of a counselor as mentioned above the ANM/counselor of IDU TI needs working knowledge about local drug abuse scenario, drug-related counseling techniques (MET, RP, etc.), drug-related laws and drug abuse treatments. For ANM, adequate abscess management skills will also be evaluated.

NA

d) ORW

Knowledge about target on various indicators for their PEs, outreach plan, hotspot analysis, STI symptoms, importance of RMC and ICTC testing, support to PEs, field level action based on review meetings, knowledge about TI programme including TI revamping strategies, etc.

There are two zonal supervisors. Ms. Balveer Kaur and Ms. Charanjeet Kaur are the zonal supervisors.

Ms. Balveer Kaur has 12<sup>th</sup> passed and has earlier worked as school teacher. She has joined the LWS project as Cluster link worker and has been promoted after 5 months. She is working as zonal supervisor from August 2021. She has satisfactory knowledge on various indicators of LWS. She supports the cluster link workers by field visits and supervision.

Ms. Charanjeet Kaur has done ANM and also was nursing staff in hospital. She has joined the project in August 2023. She has satisfactory knowledge but scope for improvement and concept clarity on various components of the program.

e) Peer Educators

Prioritization of hotspots, importance of RMC and ICTC testing, condom demonstration skill, knowledge about condom depot, symptoms of STI, knowledge about service facilities etc.

There are 20 cluster link workers in the LSW project. The team could interact with 17 CLW in length and found that they have required knowledge on various program components. Some of them were not able to do condom demonstration. Some of them had wrong information about components of the program. They have knowledge on service facilities. The reflection in the field was also found to be satisfactory but lot of improvement is needed.

f) Navigator

Identification of PLHIV, escorting PLHIV to ART centre, ensuring linkages, follow-up, etc.

Cluster link workers identify PLHIV and escort them to ART center. No follow-up was noticed. This is being supervised by zonal supervisors.

g) Peer Educators in IDU TI

Prioritization of hotspots, condom demonstration, importance of RMC and ICTC testing, knowledge about condom depot, symptoms of STI, working knowledge about abscess management, local drug abuse scenario, de-addiction facilities, etc.

NA

h) Peer Leaders in Migrant Projects

Whether the Peers represent the source States from where maximum migrants of the area belong to, whether they are able to prioritize the networks/locations where migrants work/reside/access high risk activities, whether the peers are able demonstrate condoms, able to plan their outreach, able to manage the DICs/ health camps, working knowledge about symptoms of STI, issues related to treatment of TB, services in ICTC & ART.

NA

i) Peer Educators in Truckers Project

Whether the peers represent ex-truckers, active truckers, representing other important stake holders, the knowledge about STI, HIV, and ART. Condom demonstration skills, able to plan their outreach along with mid-media activity, STI clinics.

NA

j) M&E cum Accounts Assistant

Whether the M&E cum Accounts Assistant is able to provide analytical information about the gaps in outreach, service uptake to the project staff. Whether able to provide key information about various indicators reported in TI and STI SIMS reports.

Mr. Amritpal Singh is the M&E cum Accounts Assistant. He has done Bachelor degree in science and course in Tally. He joined the present LWS project May 2022. He is able to provide analytical information.

IX. Outreach activity in Core TI project

Interact with all PEs (FSW, MSM, HTG and IDU), interact with all ORWs. Outreach activities should reflect in the service uptake. Evidence based outreach plan, outreach monitoring, hotspot wise micro plan and its clarity to staff and PEs etc.

NA

#### X. Outreach activity in Truckers and Migrant Project

Interact with all PEs and ORWs to understand whether the number of outreach sessions conducted by the team is reflecting in service uptake, that is whether enough Counseling and clinic footfalls are happening. Whether the stake holders are aware of the outreach sessions. Whether the timings of the outreach sessions are convenient / appropriate for the truckers/migrants when they can be approached etc.

NA

#### XI. Services

Overall service uptake in the project, quality of services and service delivery, satisfactory level of HRGs.

Service uptake was found to be good. The community members were found to be satisfied with the services.

#### XII. Community involvement

How the TI has positioned the community participation in the TI, role of community in planning, implementation, advocacy, monitoring and providing periodic feedback about the prevention service delivery, etc.

Community participation in planning, implementing, monitoring the prevention service delivery was not found. Community participation must be ensured at all levels.

#### XIII. Commodities

Hotspot / project level planning for condoms, needles and syringes. Method of demand calculation, Female condom program if any.

Demand is calculated as per the data collected from Cluster link worker. No female condom program.

#### XIV. Enabling environment

Systematic plan for advocacy, involvement of stakeholders and community in

the advocacy, clarity on advocacy, networks and linkages, community response of project level advocacy and linkages with other services, etc. In case of migrants 'project management committee' and truckers 'local advisory committee' are formed whether they are aware of their role, whether they are engaging in the program.

Advocacy meeting is done on regular basis with some month gaps. No follow-up was seen. Meeting minutes available.

XV. Social protection schemes / innovation at project level HRG availed welfare schemes, social entitlements etc.

Various community members are being linked with social protection schemes at project level. Number of HRGs linked with schemes are as follows:

Widow Pension scheme- 16

Ration card- 813

Voter Card- 736

XVI. Details of Best Practices if any

- ✓ Cloth donation drive in slum area with involvement of people nearby offices.
- ✓ Small library in office where any one can borrow book to read and return it back.
- ✓ Use of waste material in making the office lively and environment friendly by planting trees in toilet seat, refined oil cane, tyre, unused dustbin, waste music speaker, mixer jug, etc.
- ✓ 9 days training program for 25 25 needed females including the community ladies through Usha Sewing machine program.
- ✓ Distribution of free menstrual sanitary pads.

## Annexure C

### Confidential Report

#### EXECUTIVE SUMMARY OF THE EVALUATION

(Submitted to SACS for each TI evaluated with a copy to NACO)

#### Profile of the evaluator(s):

Name of the evaluators	Contact Details with phone no.
Dr. BIRESH PACHISIA, PhD	bpcare@yahoo.com, +91-9811531550
Ms. MANPINDER KAUR	manpinder72@gmail.com, 7347353580
Ms. HEENA SINGHAL	geetu2904@gmail.com, 9810353201
Officials from SACS/TSU (as facilitator)	

Name of the NGO:	SAWERA
Typology of the target population:	LWS Project (IDU, FSW, Trucker, Migrant)
Total population being covered against target:	100 villages covered against target of 100. Target for above mentioned target population is 2200 and coverage active as on 30-09-2023 is 1866.
Dates of Visit:	11 <sup>th</sup> to 13 <sup>th</sup> December 2023
Place of Visit:	MOGA

#### Overall Rating based programme delivery score:

Total Score Obtained (in %)	Category	Rating	Recommendations
89.8%	A	Very Good	Recommended for continuation

#### Specific Recommendations:

- All Cluster link workers must attend Village Health Nutrition Day (VHND) meetings as desired and minutes of the meetings must be made.
- Program Management Committee must be formed with involvement of community as members.

- **Community members/HRGs must be made aware of all project components.**
- **Community members must be updated with correct information about HIV, STI, condom usage and other related components etc.**
- **All Cluster link workers must be able to do correct condom demonstration and have correct knowledge about all components of prevention program.**
- **Persons who inject drugs must be updated about usage of new needle, syringe at all injecting episodes. They must be made aware of places where they can get new N/S as and when required.**
- **Supervision of Cluster link worker and hand holding support to them has to be strengthened.**

Name of the evaluators	Signature
<b>Dr. BIRESH PACHISIA, PhD</b>	
<b>Ms. MANPINDER KAUR</b>	
<b>Ms. HEENA SINGHAL</b>	